

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674237

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	18					
10	81					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	13					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	17					
29	71					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	13					
39	/					
40	/					
41	/					
42	71					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50						
TOTAL IND.	26					
TOTAL DEP.	23					
TOTAL CLAIMS	49					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/			/			/	
52	/			/			/	
53	/			/			/	
54	/			/			/	
55	/			/			/	
56	/			/			/	
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98								
99								
100								
TOTAL IND.	26						26	
TOTAL DEP.	23						25	
TOTAL CLAIMS	49						51	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS